

SERFF Tracking Number:	LDDX-125628783	State:	Arkansas
Filing Company:	Old Republic Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	WC AR0177001R02		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	NCCI WC Loss Costs		
Project Name/Number:	NCCI WC Loss Costs/WC AR0177001R02		

## Filing at a Glance

Company: Old Republic Insurance Company	SERFF Tr Num: LDDX-125628783	State: Arkansas
Product Name: NCCI WC Loss Costs	SERFF Status: Closed	State Tr Num: EFT \$50
TOI: 16.0 Workers Compensation	Co Tr Num: WC AR0177001R02	State Status: Fees verified and received
Sub-TOI: 16.0004 Standard WC		
Filing Type: Rate	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Author: SPI ORChicago	Disposition Date: 04/30/2008
	Date Submitted: 04/30/2008	Disposition Status: Approved
Effective Date Requested (New): 07/01/2008		Effective Date (New): 07/01/2008
Effective Date Requested (Renewal):		Effective Date (Renewal):
State Filing Description:		

## General Information

Project Name: NCCI WC Loss Costs	Status of Filing in Domicile:
Project Number: WC AR0177001R02	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 04/30/2008	
State Status Changed: 04/30/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

Old Republic Insurance Company wishes to adopt NCCI's approved voluntary loss costs effective July 1, 2008, reference Item # AR-2008-02.

We will apply our LCMs, 1.56 and 1.64 (aviation codes) to the referenced loss costs. Our previously filed transmittal indicating that the loss cost multiplier will be applicable to future filings is attached. Our LCMs remain unchanged.

The \$50 filing fee has been sent via EFT.

<i>SERFF Tracking Number:</i>	<i>LDDX-125628783</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Old Republic Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
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<i>Product Name:</i>	<i>NCCI WC Loss Costs</i>		
<i>Project Name/Number:</i>	<i>NCCI WC Loss Costs/WC AR0177001R02</i>		

We request an effective date of July 1, 2008.

Your consideration and approval of this filing are appreciated.

Sincerely,  
Sandy Mack

## Company and Contact

### Filing Contact Information

Sandra Mack, Senior Compliance Analyst	smack@oldrepublic.com
307 N. Michigan Avenue	(312) 762-4537 [Phone]
Chicago, IL 60601	(312) 762-4950[FAX]

### Filing Company Information

Old Republic Insurance Company	CoCode: 24147	State of Domicile: Pennsylvania
307 N. Michigan Avenue	Group Code: 150	Company Type:
Chicago , IL 60601	Group Name:	State ID Number:
(312) 762-4800 ext. [Phone]	FEIN Number: 25-0410420	
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Old Republic Insurance Company	\$50.00	04/30/2008	20004759

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	04/30/2008	04/30/2008

<i>SERFF Tracking Number:</i>	<i>LDDX-125628783</i>	<i>State:</i>	<i>Arkansas</i>
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## Disposition

Disposition Date: 04/30/2008  
 Effective Date (New): 07/01/2008  
 Effective Date (Renewal):  
 Status: Approved  
 Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Old Republic Insurance Company	%	\$		\$	%	%	%

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	NAIC loss cost data entry document	Approved	Yes

SERFF Tracking Number:	LDDX-125628783	State:	Arkansas
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## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	Prior Approval
<b>Rate Change Type:</b>	Decrease
<b>Overall Percentage of Last Rate Revision:</b>	Decrease
<b>Effective Date of Last Rate Revision:</b>	
<b>Filing Method of Last Filing:</b>	

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Old Republic Insurance Company	%	%				%	%

<i>SERFF Tracking Number:</i>	<i>LDDX-125628783</i>	<i>State:</i>	<i>Arkansas</i>
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## Supporting Document Schedules

<b>Satisfied -Name:</b>	NAIC Loss Cost Filing Document for Workers' Compensation	<b>Review Status:</b> Approved	04/30/2008
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**Comments:**

**Attachments:**

PC IRF-WC Calculation of LCM.PDF  
PC IRF-WC Calculation of LCM.PDF

<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b> Approved	04/30/2008
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**Comments:**

**Attachment:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

<b>Bypassed -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b> Approved	04/30/2008
<b>Bypass Reason:</b>	Adopting NCCIs loss costs, no change ot our LCMs		

**Comments:**

# NAIC LOSS COST FILING DOCUMENT—**FOR WORKERS' COMPENSATION**

## CALCULATION OF COMPANY LOSS COST MULTIPLIER

<b>This filing transmittal is part of Company Tracking #</b>	<b>WC AR0157901R01</b>
<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	<b>N/A</b>

( ☒ ) **Loss Cost Reference Filing** NCCI AR-2007-04 ( ) **Independent Rate Filing**  
(Advisory Org, & Reference filing #)

If this is a loss cost filing adopting an advisory organization's loss costs, the above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

### 1. Check one of the following:

(X)	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer. <b>Note: Some states have statutes that prohibit this option for some lines of business.</b>
..	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

2. Does this filing apply to all class codes? No If no, complete a copy of this form for each affected class with appropriate justification.

### 3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:  
(Check One)

( ☒ ) Without Modification (factor = 1.000)

( ) With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) \_\_\_\_\_

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.00

Example 1: Loss cost Modification Factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost Modification Factor: If your company's loss cost modification is =15%, a factor of 1.15 (1.000 + .150) should be used.

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

4. **Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio.** (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)  
PROJECTED EXPENSES: Compared to standard premium at company rates.

		Selected Provisions
A.	Total Production Expense	10.83 %
B.	General Expense	4.85 %
C.	Taxes, Licenses & Fee	5.70 %
D.	Underwriting profit & contingencies*	8.36 %
E.	Other (explain) Residual Market	.25 %
F.	Total	30.00 %
	* Explain how investment income is taken into account	

CONTINUED ON PAGE 2



**NAIC LOSS COST FILING DOCUMENT—*FOR WORKERS' COMPENSATION***

<b>5.</b>	<b>A.</b>	Expected Loss Ratio: $ELR = 100\% - 4F =$	<b>70</b>
	<b>B.</b>	ELR in Decimal Form =	<b>.70</b>
<b>6.</b>		Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	<b>1.000</b>
<b>7.</b>		Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	<b>.8978</b>
<b>8.</b>		Company Formula Loss Cost Multiplier [ $3B / ((7 - 4F) \times 6)$ ]	<b>1.67</b>
<b>9.</b>		Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7) stability of rate level	<b>1.56</b>

Yes No

- 10. Are you amending your minimum premium formula?** If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc.

( ) (X)

- 11. Are you changing your premium discount schedules?** If yes, attach schedules and support, detailing premium or rate level changes.

( ) (X)

# NAIC LOSS COST FILING DOCUMENT—**FOR WORKERS' COMPENSATION**

## CALCULATION OF COMPANY LOSS COST MULTIPLIER

<b>This filing transmittal is part of Company Tracking #</b>	<b>WC AR0157901R01</b>
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..	The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

### 2. Does this filing apply to all class codes? No If no, complete a copy of this form for each affected class with appropriate justification. (Aviation Class Codes: 3830, 7403, 7405, 7421, 7422, 7423, 7425, & 7431)

### 3. Loss cost modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing:  
(Check One)

( ☒ ) Without Modification (factor = 1.000)

( ) With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) \_\_\_\_\_

B. Loss Cost Modification Expressed as a Factor: (See Examples Below) 1.00

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NOTE: IF EXPENSE CONSTANTS ARE UTILIZED ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 4-11 BELOW.

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		Selected Provisions
A.	Total Production Expense	10.83 %
B.	General Expense	4.85 %
C.	Taxes, Licenses & Fee	5.70 %
D.	Underwriting profit & contingencies*	8.36 %
E.	Other (explain) Residual Market	.25 %
F.	Total	30.00 %
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CONTINUED ON PAGE 2

**NAIC LOSS COST FILING DOCUMENT—*FOR WORKERS' COMPENSATION***

<b>5.</b>	<b>A.</b>	Expected Loss Ratio: $ELR = 100\% - 4F =$	<b>70</b>
	<b>B.</b>	ELR in Decimal Form =	<b>.70</b>
<b>6.</b>		Overall Impact of Expense Constant and Minimum Premiums: (a 2.3% impact would be expressed as 1.023)	<b>1.000</b>
<b>7.</b>		Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.6% average discount would be expressed as 0.914)	<b>.8978</b>
<b>8.</b>		Company Formula Loss Cost Multiplier [ $3B / ((7 - 4F) \times 6)$ ]	<b>1.67</b>
<b>9.</b>		Company Selected Loss Cost Multiplier = (Attach explanation for any differences between 6 and 7) stability of rate level	<b>1.64</b>

Yes No

- 10. Are you amending your minimum premium formula?** If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum, etc.

( ) (X)

- 11. Are you changing your premium discount schedules?** If yes, attach schedules and support, detailing premium or rate level changes.

( ) (X)


**Property & Casualty Transmittal Document**

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

<b>3. Group Name</b>					<b>Group NAIC #</b>
					0150
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>	
Old Republic Insurance Company	PA	24147	25-0410420		

<b>5. Company Tracking Number</b>	WC AR0177001R02
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Sandra Mack, FLMI, AIRC, ALHC, ACS 307 N. Michigan Avenue Chicago IL 60601	Senior Compliance Analyst	800-621-0365 Ext. 4537	312-762-4950	smack@oldrepublic.com
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>	Sandra Mack, FLMI, AIRC, ALHC, ACS			

**Filing Information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	16.0 Workers Compensation
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	16.0004 Standard WC
<b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing Title)</b>	Workers Compensation
<b>13. Filing Type</b>	<input checked="" type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: July 1, 2008      Renewal: July 1, 2008
<b>15. Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	NCCI
<b>17. Reference Organization # &amp; Title</b>	NCCI Circular Item AR-2008-02
<b>18. Company's Date of Filing</b>	April 30, 2008
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

# Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	WC AR0177001R02
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

Old Republic Insurance Company wishes to adopt NCCI's approved voluntary loss costs effective July 1, 2008, reference Item # AR-2008-02.

We will apply our LCMs, 1.56 and 1.64 (aviation codes) to the referenced loss costs. Our previously filed transmittal indicating that the loss cost multiplier will be applicable to future filings is attached. Our LCMs remain unchanged.

The \$50 filing fee has been sent via EFT.

We request an effective date of July 1, 2008.

Your consideration and approval of this filing are appreciated.

Sincerely,  
Sandy Mack

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
	<div data-bbox="185 1461 404 1516"> <p><b>Check #:</b>      EFT</p> <p><b>Amount:</b></p> </div> <div data-bbox="159 1757 1304 1808"> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p> </div>

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)